

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1962

-62-008501

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2179

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

10 Hrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Deaconess Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY  
OR  
TOWN

Chesterfield

Inside Limits

Yes ☐ No ☒d. STREET  
ADDRESS

(If outside, give location)

Valley Road

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Daniel

Middle

A.

Last

Motz

4. DATE  
OF  
DEATH

Month

Feb

Day

21

Year

1962

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8-17-84

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

own farm

## 11. BIRTHPLACE (City and state or country)

St. Louis Co., Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Frederick Motz

## 13b. MOTHER'S MAIDEN NAME

Christine Jacob

## 14. NAME OF HUSBAND OR WIFE

Martha Schindler

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Albert Motz Ellisville, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

PNEUMOCOCCIC MENINGITIS

## DUE TO (b)

CHRONIC MASTOIDITIS

## DUE TO (c)

393.1

INTERVAL BETWEEN  
ONSET AND DEATH

1 DAY

Unknown

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Month, Day, Year

Hour

a.m.

p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-21-62 to 2-21-62 and last saw him alive on 2-21-62.

Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

2-24-62

## 23c. NAME OF CEMETERY OR CREMATORY

St. John Cemetery

## 23d. LOCATION (City, town, or county)

Ellisville, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Schrader Funeral Home Ballwin, Mo.

FEB 23 1962

Earl Smith

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/5912009  
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard T. Bopp

Licensed Embalmer No. 4584

P. O. Address Bellvue, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.